

1-2019 Groveland Community Services District Health Insurance Plan Options

| | Current Plan | Renewal Plan | Alternative Plan |
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| Plan Name | Blue Shield of CA Gold Full PPO 1200/35 OffEx | Blue Shield of CA Gold Full PPO 1200/35 OffEx | Anthem Blue Cross Gold PPO 30/750/20% |
| Deductible | \$1,200/ Individual or \$2,400 / Family | \$1,200/ Individual or \$2,400 / Family | \$750/ Person or \$2,250/ Family |
| Calendar Year Out of Pocket Maximum | \$7,000/ person or \$14,000/ Family | \$7,550/ person or \$15,100/ Family | \$7,000/ person or \$14,000/ Family |
| Coinsurance | 80/20 | 80/20 | 80/20 |
| Office Visits | \$30 Primary / \$55 Specialist | \$35 Primary / \$50 Specialist | \$30 Primary / \$55 Specialist |
| Prescriptions | Tier 1: \$5 Tier 2: \$30 Tier 3: \$50 Tier 4: 30% up to \$250 Tier 2-4 Dedcutible: \$300/Person or \$600/Family | Tier 1: Tier 2: \$30 Tier 3: \$50 Tier 4: 30% up to \$250 Tier 2-4 Dedcutible: \$300/Person or \$600/Family | Tier 1a: \$5, Tier 1b: \$20 Tier 2: \$40 Tier 3: \$80 Tier 4: 30% up to \$250 Tier 2-4 Dedcutible: \$250/person or \$500/Family |